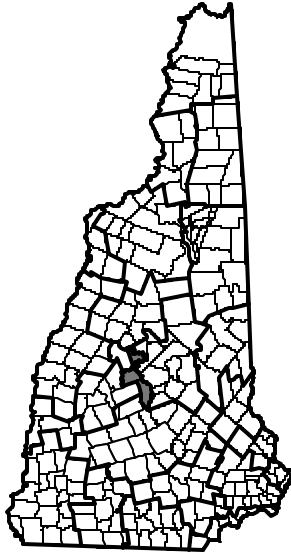


Franklin Healthcare Service Area Regional Health Profile



This narrative is part of a larger effort, the *New Hampshire Regional Health Profiles*, and grew out of a mandate established by the Legislature in its passage of SB 183 in 1999. That bill amended RSA 126A to include a requirement for the Department of Health and Human Services to continually assess the health status of the State's residents and to make its findings available in a report issued every two years.

This narrative was jointly developed by the Dartmouth Hitchcock Alliance and the Department and is the first to be issued under this legislation. The *Regional Profiles* provide a means for residents, community leaders, planners and providers to gain a better understanding of the health status of the State's residents and communities.

The *Regional Profiles* provides information that can be used to establish local *Healthy New Hampshire 2010* targets and to meet the needs assessment expectations of the State's Community Benefits legislation

Overview of the HSA

The Franklin Healthcare Service Area (HSA) consists of three towns. Franklin is the largest community within the HSA, accounting just over 70% of the total population in the 1998 estimate. Compared with New Hampshire as a whole, the residents of the Franklin Healthcare Service Area are proportionally about the same age, except that there are lower proportions of 18-24 year olds and infants.

Town Name	1998 Pop Est	% of HSA Pop	% of HSA Self Pay Admissions	Ratio of Self-Pay Admissions to Pop Pct	1996 Per Capita income	Pop Density (persons per sq. mi.)	Miles to Nearest Hospital*
Bristol	2,654	22%	24%	1.1	\$14,589	155	15
Franklin City	8,408	70%	74%	1.0	\$14,236	304	-
Hill	868	7%	3%	0.4	\$16,680	33	7
HSA Total	11,930				\$14,492	167	
New Hampshire	1,185,000				\$18,697	132	

* = Nearest Hospital may be in a different HSA

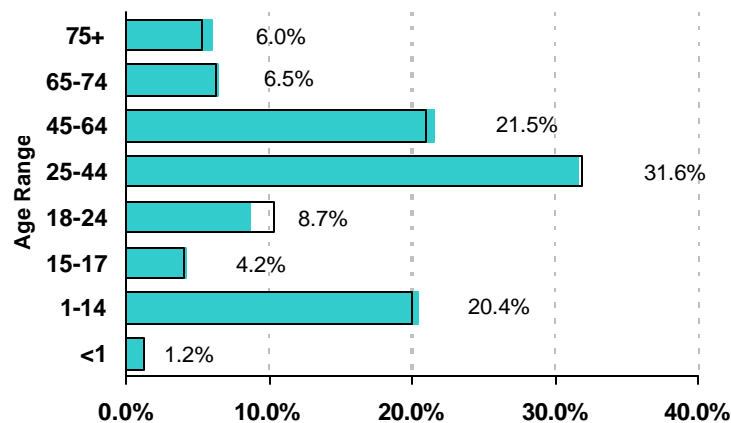
- 1998 Population Estimate = New Hampshire Office of State Planning.
- Percent of HSA Self Pay Admissions = Each community's share of individual overnight hospital admissions for the full HSA that are recorded as "Self Pay" on the Uniform Hospital Discharge Data Set for 1998.
- Ratio of Self-Pay Admissions to Population Percentage = Percent of HSA self-pay admissions divided by the percent of HSA population. A higher ratio reflects a greater proportion of individuals within a community who must cover the costs of hospitalization from their personal resources, i.e., they do not have health insurance coverage for the hospitalization.
- 1996 Per Capita Income = Office of State Planning, from the Department of Revenue Administration.
- Population Density = Total square miles from the Office of State Planning, divided by the 1998 Population Estimate.
- Miles to Nearest Hospital = mileage from a community to the nearest hospital that may not be the hospital(s) in the HSA, as given in the *1999 New Hampshire Community Profiles*, published by the State Occupational Information Coordinating Committee (SOICC) of New Hampshire.

Demographic Profile

Percentage of Population by Age

Shaded and Labeled bars = HSA population profile

Outlined bar = State population profile



Graphics are based on data provided in the Primary Care Data Set, 1993-1997, which stated “State, city, and town population counts for New Hampshire have been obtained by applying the proportions from the 1995 New Hampshire Population Projections for Counties by Age and Sex to the 1995 Population Estimates of New Hampshire Cities and Towns; both of which were prepared by the New Hampshire Office of State Planning (OSP). The population figures for 1995 were chosen for use in calculating rates since this year represents the midpoint of the five years of study, 1993 through 1997... Since the town-specific age and sex population estimates are based on town-wide estimates applied to county level projections, it is assumed that there is an unknown amount of error in the individual components of the estimates. However, when combining towns together to construct HSAs, much of the variability in the town-specific estimates is assumed to be canceled.” *Primary Care Access Data, 1993-1997*

Limited data on population and households from the national 2000 census is provided in the Census 2000 section of the *Regional Profiles*. That data will be updated at the *Regional Profiles* website as it becomes available and should be used when reviewing the “Additional Indicators” section below.

Health Profile

The points offered below are provided as an overview of the health of the HSA in the three **Regional Profile** focus areas: *Current Health*, *Use of Health Care* and *Risks to Future Health*. These are provided as a representative sample of findings presented in the data tables and should not be construed as the most important findings. Readers are urged to review the data tables to better understand the conditions and circumstances of this HSA.

In some instances, the differences between the HSA and the State are described as significant. This refers to a difference being “statistically significant.”

- When the source of the data is the 1999 NH Health Insurance Coverage and Access Survey (NH HICAS), the difference is significant at the 95% confidence level, i.e., when the range between the upper and lower confidence intervals for the HSA is higher or lower than the range for the State confidence interval (the confidence ranges do not overlap).
- When the source of data is the Primary Care Access Data set (PCAD), a difference is also significant at the 95% confidence level, based on a “z test score,” a test for statistical significance, i.e., when this test statistic is “significant,” there is 95% confidence that the rates being compared are different for reasons other than “random chance.”
- Because a finding is statistically significant, i.e., not due to chance alone, the difference may not be of sufficient magnitude to be practical or meaningful to understanding the health issue or for developing strategies.
- A finding that a difference is not statistically significant may not mean that there is no value to paying attention to the difference, i.e., not being statistically significant does not mean that it is not important or necessary to consider the underlying health issues for indicators that are different between the HSA and the State, particularly on indicators that seem to show a trend or relationship, such as between indicators associated with births.

All rates in this narrative have been age-adjusted. The calculation of age-adjusted rates makes it possible to compare the rates between an HSA and the State. The proportion of the population in each age range varies from HSA to HSA and between an HSA and the State. Thus, it would be misleading to compare HSA rates to the State rate unless the rates were adjusted for this variation in the distribution of age ranges.

Please refer the *Technical Notes* section for an explanation of the age-adjustment calculation and the calculations for statistical significance and confidence intervals.

Unless noted in the text, the data date and source are given in [] at the end of each point. Key to abbreviations:

- NHES = New Hampshire Employment Security.
- NH HICAS = *New Hampshire Health Insurance Coverage and Access Survey, 1999*; Office of Planning and Research, Department of Health and Human Services.
- PCAD = *Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997*; Health Statistics and Data Management Bureau, Office of Community and Public Health.
- UHDDS = Uniform Hospital Discharge Data Set, maintained by the Health Statistics and Data Management Bureau, Office of Community and Public Health.
- US Census = Taken from 1990 Census of Population and Housing Summary Tape File 3A (STF3A), 1990 US Census data, US Department of Commerce.

Observation on Current Health

- According to the 1999 NH Health Insurance Coverage and Access Survey 93.7% of the residents in the Franklin HSA characterized their health as “good,” “very good” or “excellent”. This was statistically similar to the State average of 94.8%.
- 5.4% of the residents of the Franklin HSA had a chronic condition lasting at least one year. This did not differ significantly from the State average of 5.9%. [1999; NH HICAS]
- According to the 1990 US Census 3.6% of the residents of the Franklin HSA between the ages of 16 and 64 had a work disability and were not in the labor force. This was higher than the State average of 2.9%.
- The Franklin HSA rate of “premature deaths” (death before the age of 65) was 2.5 per 1,000 population ages 18-64. This did not differ significantly from the State rate of 2.6 per 1000 population ages 18 to 64. [1993-1997; PCAD]
- The Franklin HSA rate of low birth-weight births (70 per 1,000 births) was higher than the State rate (52 per 1000 births). [1993-1997; PCAD]

Observations on Use of Health Care

- 20% of the population under age 65 in the Franklin HSA were not “extremely” or “very” confident in their access to health care. This did not differ significantly from the State rate of 19%. [1999; NH HICAS]
- The percentage of people in the Franklin HSA under age 65 who did not have a usual source of medical care was 7.0% in 1999. This did not differ significantly from the State rate of 6.9%. [1999; NH HICAS]
- 11.8% of Franklin HSA non-elderly residents (less than age 65) did not have a physician visit in the year prior to the 1999 NH Health Insurance Coverage and Access Survey. This did not differ significantly from the State rate of 11.7%.
- 33.2% of Franklin HSA non-elderly residents (less than age 65) did not have a dental visit in the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This was significantly higher than the State rate of 21.9%.

Ambulatory Care Sensitive Conditions = medical conditions that may not require inpatient hospitalization (a stay of at least one night) if timely and appropriate primary care is received.

- The rate of hospital admissions in the Franklin HSA for chronic ambulatory care sensitive conditions (such as asthma and diabetes) was significantly higher than the State rate (6.6 per 1000 population vs. 4.6 per 1000 population). [1993-1998; UHDDS]
- Hospitalizations in the Franklin HSA for rapid onset ambulatory care sensitive conditions (such as pneumonia and other infections) were significantly higher than the State rate: 12.6 per 1000 population vs. the 7.4 per 1000 population. [1993-1998; UHDDS]

- HSA admissions per 1000 population for ambulatory care sensitive conditions were higher than the State rate in three age categories. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	6.8	4.3	1.6
Adult*	10.1	6.1	1.7
Elder*	112.9	57.4	2.0

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)
* = Significantly higher

- HSA residents of three age categories experienced higher rates of hospitalization per 1000 population due to injuries compared to the State. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	5.1	3.1	1.6
Adult*	8.4	6.2	1.4
Elder*	39.5	26.2	1.5

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)
* = Significantly higher

Observations on Risks of Future Illness:

- In 1999 unemployment for the Franklin HSA was 2.3%. This was better than, but did not differ greatly from the State rate of 2.7%. [NHES]
- 88.9% of the adult population in this HSA had completed High School, compared to the State average of 92.2%. [1999; NH HICAS]
- According to the 1999 NH Health Insurance Coverage and Access Survey the percent of families in the Franklin HSA who had an income of less than 200% of the federal poverty level was 30.2%. This was higher than the State average of 21.4%.
- 15.8% of children under age 19 in the HSA received Medicaid and/or Food Stamp benefits. This average was significantly higher than the State proportion of 9.1%. [1993-1997; PCAD]
- 3.2% of adults over age 19 in the HSA received Medicaid and/or Food Stamp benefits. This average was significantly higher than the State proportion of 2.1%. [1993-1997; PCAD]
- 13.6% of Franklin HSA non-elderly residents (less than age 65) did not have health insurance for some portion of the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This did not differ significantly from the State average of 11.4%.
- 11.1% of the HSA non-elderly residents (less than age 65) did not have health insurance at the time of the 1999 NH Health Insurance Coverage and Access Survey. This did not differ significantly from the State average of 9.3%.
- 28.3% of Franklin HSA non-elderly residents (less than age 65) did not have dental coverage. This average was not statistically different from the State average of 25.7%. [1999; NH HICAS]

- Selected birth characteristics:
 - ✓ The birth rate in Franklin approximated that of the State (291.7 per 1000 women ages 15-44, vs. 279.1 per 1000 women ages 15-44). [1993-1997; PCAD]
 - ✓ The rate of late or no prenatal care in the Franklin HSA was significantly higher than the State rate: 31 per 1000 live births, vs. 17 per 1000 live births. [1993-1997; PCAD]
 - ✓ The rate of births to mothers who had not completed 12 years of education in the Franklin HSA (228 per 1000 live births) was significantly higher than the State rate (109 per 1000 live births). [1993-1997; PCAD]
 - ✓ The rate of births to teens in the Franklin HSA was significantly higher than the State rate: 24.8 per 1000 live births vs. 14.4 per 1000 live births. [1993-1997; PCAD]
 - ✓ The rate of births to unmarried mothers in the Franklin HSA was 429 per 1000 live births. This was almost double and was significantly higher compared to the State rate of 223 per 1000 live births. [1993-1997; PCAD]
 - ✓ The rate of births covered by Medicaid in the Franklin HSA was 420 per 1000 births. This was significantly higher compared to the State rate of 207 per 1000 births. [1993-1997; PCAD]
 - ✓ The rate of births to mothers who smoked during pregnancy was significantly higher in the Franklin HSA compared to the State (292 per 1000 births, vs. 176 per 1000 births). [1993-1997; PCAD]

Additional Observations

By reviewing census data, it is possible to learn much about the people living in a community. Unfortunately, the most recent census available is from the 1990 US Census. It will be helpful to compare data from the 2000 census (which is underway) to that from 1990 to see how this HSA has changed in terms of:

- Households with children headed by single parents – In 1990, 20.9% of the households in this HSA were headed by a single parent (female headed: 15.2%; male headed: 5.7%), compared to the State average of 17% (female headed: 13.1%; male headed: 3.9%). [1990; US Census]
- Income distribution – In 1990 21.4% of the families in this HSA had incomes below \$20,000 and 21.3% had incomes above \$50,000. The State averages were 15.2% below \$20,000 and 37.0% above \$50,000. [1990; US Census]
- People isolated by virtue of:
 - ✓ Living alone – In this HSA 23.8% of the households were classified in the 1990 US Census as “single person.” The State average was 21.9%. [1990; US Census]
 - ✓ Not speaking English – In this HSA 1% of the households were linguistically isolated compared to 1.5% at the State. [1990; US Census]

- ✓ Not owning a vehicle – In this HSA 21.8% of the population had no personal transportation available compared to the State average of 16.1%. [1990; US Census]
- The stability of the population as reflected in:
 - ✓ Not relocated over the last 5 years – In this HSA 50.5% of the population had lived in the same location at least 5 years compared to the State average of 47.8%. [1990; US Census]
 - ✓ Owned rather than rented – In this HSA 74.2% of the population lived in owner occupied housing. The State average was 73.6%. [1990; US Census]